

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097380781		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1				1		51				
2					1		52				
3		2				1	53				
4		2				1	54				
5	1				1		55				
6		1				1	56				
7	1				1		57				
8		1				1	58				
9		1				1	59				
10	1				1		60				
11		1				1	61				
12		1			1		62				
13		1				1	63				
14	1				1		64				
15		1				1	65				
16	1				1		66				
17		1				1	67				
18		3				1	68				
19		3				1	69				
20	1				1		70				
21	1				1		71				
22					1		72				
23					1		73				
24						1	74				
25						1	75				
26					1		76				
27						1	77				
28						1	78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8				9		TOTAL IND.				
TOTAL DEP.	19				15		TOTAL DEP.				
TOTAL CLAIMS	27				24		TOTAL CLAIMS				